

TOWN OF NEWTOWN MOTOR VEHICLE ASSESSMENT APPEAL FORM September 2005 Session DATE OF APPLICATION.

APPEAL TO THE BOARD	DATE OF APPLICATION:
Property owner(s)	
Name of signer (if signer is different f	from owner)
Position of signer (if signer is differen	t from owner)
Property owner will be represented by	
(If designated agent, co	omplete authorization form on reverse side)
Name of person & address to which all not	ices and correspondence should be sent (list One address only):
Name	
City, State, Zip Code	
For Grand List of October 1,2004 M	<u>Iotor Vehicle Assessment:</u>
Year, Make, Mo	odel, CT Registration Number
Reason for the Appeal:	
Appellant's estimate of value of the pr	roperty being appealed:
Signature of owner or agent (Agent, if	f authorization form completed on back)
Appeal Date - I prefer a hearing on a v	weekday evening or a Saturday
Day time telephone #	Night time telephone #
ENTIRETY. PROPERTY OW OR VEHICLE MUST FILE	ABOVE FORM MUST BE COMPLETED IN ITS NERS OWNING MORE THAN ONE PROPERTY A SEPARATE FORM FOR EACH ACCOUNT LEASE TYPE OR PRINT LEGIBLY.
	Assessment Appeals use only)
NOTICE OF APPEAL HEARING TI	ME AND PLACE
An appeal hearing is to be held at	on

See reverse for agent certification: (OVER)

AGENT'S CERTIFICATION

DATE:	
TO WHOM IT MAY CONCERN:	
I,	being the legal owner of property located at: hereby authorize
to act as my agent in all matters bed Newtown for the assessment year c	fore the Board of Assessment Appeals of the Town of commencing October 1, 2004.
(Signed)	
(Printed)	

PLEASE RETURN FORMS TO;

Board of Assessment Appeals c/o Assessor's Office 45 Main Street Newtown, CT 06470